



# City of Chandler Therapeutic Recreation Program Participation Form



Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: ☐ M ☐ F  
(Last) (First) (M.I.)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Last Grade Completed: \_\_\_\_ Name of School: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Medical Information

Please list any medications that are currently being used, amount given, and times given.

Medication	Dosage	Times Given

Food/Medical allergies: \_\_\_\_\_

Participant's Medical Diagnosis (Cerebral Palsy, Mental Retardation, Spina Bifida, etc.):  
\_\_\_\_\_

If M.R., please indicate mild, moderate, or severe: \_\_\_\_\_

Does participant wear/use any of the following?

- ☐ glasses      ☐ crutches      ☐ wheelchair      ☐ cane      ☐ walker  
☐ contact lenses      ☐ hearing aid      ☐ orthopedic/prosthetic device  
☐ other (please explain): \_\_\_\_\_

Does participant have a history of seizures? ☐ Yes ☐ No

If yes, please describe type and how staff should respond: \_\_\_\_\_

## Personal Care Information

Can participant walk without assistance? \_\_\_\_\_ With assistance? \_\_\_\_\_

If participant uses a wheelchair, is it manual or electric? \_\_\_\_\_

Does participant wear braces? ☐ Yes ☐ No

If yes, please indicate type and period worn: \_\_\_\_\_

Describe any vision/hearing impairments: \_\_\_\_\_

Describe any communication difficulties: \_\_\_\_\_

Describe any toileting needs: \_\_\_\_\_

Does participant feed self? ☐ Yes ☐ No Equipment needs? \_\_\_\_\_

Diet needs/restrictions: \_\_\_\_\_

Does participant read and/or write? ☐ Yes ☐ No

Please list participant's hobbies, interests, and favorite activities: \_\_\_\_\_

Please comment briefly on participant's general behavior and moods: \_\_\_\_\_

Other pertinent information that you feel would help us in working with the participant: \_\_\_\_\_

How did you find out about Chandler's Therapeutic Recreation Program?

☐ School ☐ Friend ☐ Work ☐ Other \_\_\_\_\_

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### **HOLD HARMLESS AGREEMENT**

In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Therapeutic Recreation department, the participant/guardian agrees to the following:

1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Therapeutic Recreation Department. It is understood that such indemnity shall survive the termination of this agreement.
2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern.
3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources.

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Parent, legal guardian, or participant (if over 18)

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Date

Please return this registration form to:  
City of Chandler, Community Services Department  
ATTN: Therapeutic Recreation  
Mail Stop 501, P.O. Box 4008  
Chandler, AZ 85244-4008